## Form - Ministry Of Social Justice And Empowerment- Registration-E Anudaan

:: Contact Person Details ::		
Name *		
Address *		
Email *		
Phone No *		
ORGANIZATION DETAILS		
Unique ID of NGO DARPAN of Niti Ayog *		
Name of VO/NGO *		
Name of Chairman/President/Director/Equivalent *		
Name of Secretary *		
Name of Treasurer *		
Name of Authorized Signatory Person & Designation *		
PAN No of VO / NGO *		
	ER DETAILS fill-up and upload below)	
(download this file and Upload Member List as per Above Format *	fill-up and upload below)	
(download this file and Upload Member List as per Above Format *	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC  Registered with *  Registration Number *	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC  Registered with *  Registration Number *  Date of registration *  Registration Number under Persons with Disability Act, 1995 with the	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC  Registered with *  Registration Number *  Date of registration *  Registration Number under Persons with Disability Act, 1995 with the concerned State/UT authority  Date of registration (Under Persons with Disability Act, 1995 with the	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC  Registered with *  Registration Number *  Date of registration *  Registration Number under Persons with Disability Act, 1995 with the concerned State/UT authority  Date of registration (Under Persons with Disability Act, 1995 with the concerned State/UT authority)	fill-up and upload below)  Browse No file selected.	
(download this file and  Upload Member List as per Above Format *  ORGANIZATION REC  Registered with *  Registration Number *  Date of registration *  Registration Number under Persons with Disability Act, 1995 with the concerned State/UT authority  Date of registration (Under Persons with Disability Act, 1995 with the concerned State/UT authority)  Type of VO/NGO *	fill-up and upload below)  Browse No file selected.	

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## **DETAILS OF ACHIEVEMENTS**

DETAILS OF ACTIVE VEHICLATS		
Major Activities/Achievements * (Maximum 5000 characters)		
CONTACT DETAILS		
Registered office Address with Pin code *		
City *		
State/UT *		
District *		
Authorised Signatory Email Address *		
Mobile No *		
Website URL of NGO *		
<b>DOCUMENTS</b> (scan all original documents in 300 dpi color, jpg/pdf format)		
Registration Certificate/Certificate if Incorporation *	Browse No file selected.	
Memorandum and articles of Association	Browse No file selected.	
List of activities undertaken and substantive achievements	Browse No file selected.	
SPONSORED INFORMATION AND FINAL SUBMISSION		
Sponsored Name *	○ Yes ○ No	
IF Yes, Give the Sponsored Username		

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